



Section 35 Commitment Discharge Summary

FAX to High Point: 774-628-1099

CLIENT INFORMATION			
1. Name:			
2. Address:			
City:		State/Zip	
3. Telephone:	4. Social Security #:		
5. DOB:	6. Age:	7. Gender:	

PROGRAM INFORMATION	
6. Program	
7. Date of Admission	
8. Date of Discharge	
9. Committing Court	
10. Judge	
11. Forensic Examiner	
12. Complete Discharge Disposition Below:	